

**Helpline:** If you need assistance please call Sentinel Investor Services at **800-282-FUND (3863)**.

**Please make check payable to "Sentinel Funds" and forward with completed application to:**  
Sentinel Investments, PO Box 55929, Boston, MA 02205-5929.

**The USA Patriot Act:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, we reserve the right to close your account or take other steps that we may deem advisable.

**1. Account Setup (Please print or type.)**

Trust     
  Pension     
  S-Corporation     
  Estate  
 401(k)     
  Profit Sharing     
  C-Corporation     
  Other: \_\_\_\_\_

Name of Plan/Trust/401(k)/Corporation		Tax ID
Street Address (Required)		Phone
City	State	Zip (+4)

**Mailing Address (if different than Street Address, P.O. Box is acceptable)**

Address	City	State	Zip (+4)
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**Name of Trustee(s)** If more than two trustees/authorized individuals/executors please attach additional pages.

Authorized Individuals/Partner(s)	D.O.B. (mm/dd/yyyy)	SSN/Tax ID
Street Address (Required)	City	State Zip (+4)
Daytime Phone	Evening Phone	Primary Email (e-delivery)

Authorized Individuals/Partner(s)	D.O.B. (mm/dd/yyyy)	SSN/Tax ID
Street Address (Required)	City	State Zip (+4)
Daytime Phone	Evening Phone	Email

**Required Paperwork Information** Following is a list of account types and corresponding paperwork that must be submitted with this application.

Registration type (Check one.)	Required documentation
<input type="checkbox"/> Corporation	Articles of incorporation, state-issued charter, or certificate of good standing
<input type="checkbox"/> Endowment	Pages in the trust document that show the name of the endowment and a listing of all trustees and their signatures
<input type="checkbox"/> Estate	Certified copy (within 60 days) of the court appointment of fiduciary, such as letters testamentary or letters of administration
<input type="checkbox"/> Foundation	Articles of incorporation
<input type="checkbox"/> Partnership	Partnership agreement
<input type="checkbox"/> Professional association, professional corporation, or limited-liability company	Articles of association, certificate of organization, or similar document. If a limited-liability company, check one: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity
<input type="checkbox"/> Sole proprietorship	Document filed to form the proprietorship
<input type="checkbox"/> Unincorporated enterprise	Document evidencing the existence of the enterprise, such as the charter or resolution
<input type="checkbox"/> Trust	

**For trusts under will/testamentary:** You must attach copies of the pages of the will that confirm the creation of the trust and those that contain the trustee(s) name(s) and the testator's (decedent's) signature. The page of the will should indicate it was filed with the probate court, and include a court stamp (the stamp doesn't need to be original or include a date).

**For all other types of trusts:** You must attach a copy of the pages of the trust agreement that show the name of the trust, the trust date, and a listing of all trustees and their signatures.

### E-Delivery (to Primary Email Address)

I elect to **OPT OUT** of fast & secure delivery of all statements and fund documents through e-delivery.

### 2. Cost Basis Accounting Methods (Election not required for 401k, Pension or Profit Sharing Plans)

**Note:** If you do not make a selection, the fund default method will be assigned. The fund default method is Average Cost.

Please choose **ONE** cost basis reporting method from the list of reporting methods listed below by marking an  in the box of your chosen method. **If SLID is chosen, a secondary reporting method must be selected in the event the lots you have chosen are not available.**

ACST (Average Cost)

I elect to use Average Cost as my election. This option only reports on covered shares.

FIFO (First in First Out)

SAAC (Single Account Average Cost)

I elect to use Single Account Average Cost as my election, which includes both covered and non-covered shares.

LIFO (Last in First Out)

SLID\* (Specific Lot Identification)

\*Secondary Accounting Method Selection

(Average Cost is **NOT** a valid secondary method)

\_\_\_\_\_ Write selection here

HIFO (High Cost First Out)

LOFO (Low Cost First Out)

LGUT (Loss/Gain Utilization)

### 3. Funds In what fund(s) would you like to invest?

Funds	Class*	Amount	Funds	Class*	Amount
Balanced	<input type="checkbox"/> A (286) <input type="checkbox"/> C (616)	\$ _____	Small Company	<input type="checkbox"/> A (285) <input type="checkbox"/> C (685)	\$ _____
Common Stock	<input type="checkbox"/> A (288) <input type="checkbox"/> C (618)	\$ _____	Sustainable Core Opportunities	<input type="checkbox"/> A (304)	\$ _____
Government Securities	<input type="checkbox"/> A (290) <input type="checkbox"/> C (690)	\$ _____	Total Return Bond	<input type="checkbox"/> A (387) <input type="checkbox"/> C (687)	\$ _____
International Equity	<input type="checkbox"/> A (294) <input type="checkbox"/> C (614)	\$ _____	Unconstrained Bond	<input type="checkbox"/> A (335) <input type="checkbox"/> C (635)	\$ _____
Low Duration Bond	<input type="checkbox"/> A (297) <input type="checkbox"/> S (397)	\$ _____	Federated Government Obligations Fund	<input type="checkbox"/> (270)	\$ _____
Multi-Asset Income	<input type="checkbox"/> A (391) <input type="checkbox"/> C (691)	\$ _____			
					<b>Total: \$</b> _____

Investment minimum is \$1,000 for each new account. \*In absence of a selection, Class A will be established.

### 4. Broker/Dealer or Advisor Information

If you do not have a Broker/Dealer or Investment Adviser please leave this section blank.

By this designation I hereby authorize Boston Financial Data Services, Inc. to accept instructions from and transmit information to my Broker/Dealer or Investment Adviser concerning my accounts:

Name of Broker/Dealer or Advisor Firm	Dealer Number		
Registered Representative's Name	Registered Representative Number		
Branch Address	Branch Number		
City	State	Zip (+4)	Representative's Phone

Dealer's Authorized Signature

### Registered Investment Advisors

Firm Name		
Advisor's Name	Email	State

### 5. Account Distributions How would you like to receive your account distributions?

	Reinvest	% in cash Balance Reinvest	Cash	Direct Deposit*	Invest in same class of another Sentinel fund
Dividends	<input type="checkbox"/>	%	<input type="checkbox"/>	<input type="checkbox"/>	Account number: _____
Capital gains	<input type="checkbox"/>	%	<input type="checkbox"/>	<input type="checkbox"/>	Account number: _____

Note: Account Minimums Apply. If no choice is indicated, distributions will be reinvested.

\*For direct deposit into your bank account complete Bank Information in Section 10.

## 6. Reduced Sales Charge

### a. Right of Accumulation

To qualify for a reduced sales charge list eligible related accounts; including additional new accounts that may accompany this application. Please refer to prospectus for eligibility requirements.

Name of Account Holder	Relationship	Tax Identification Number	Account Number

### b. Letter of Intent (Class A only)

I intend to invest, over a 13 month period (30 months for corporate retirement plans), at least the amount indicated below in one or more Sentinel Funds. I understand that if I do not fulfill this requirement I will pay the difference in sales charges.

\$25,000    \$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000

## 7. Telephone Redemptions

You may redeem shares conveniently with a phone call unless you check below:

I **DO NOT** want the telephone redemption privilege.

*Proceeds will be sent to your account address or Bank Information if provided in Section 10.*

## 8. Electronic Funds Transfer To add the Automatic Investment Plan to your account:

*Complete Bank Information in Section 10.*

I authorize Sentinel to debit my bank account in the amount of:

\$500    \$250    \$100    \$50 (minimum per account)    Other: \$ \_\_\_\_\_

### Investment schedule

Investments will be made in the following Fund(s) on or about the 5th day of the month, unless otherwise specified, according to the schedule indicated below.

Each Month

Invest on the \_\_\_\_\_ day of the following months:

January    February    March    April    May    June  
 July    August    September    October    November    December

### Investment information (\$50 minimum per account)

Funds	Amount	Funds	Amount	Funds	Amount
Balanced	\$ _____	Low Duration Bond	\$ _____	Total Return Bond	\$ _____
Common Stock	\$ _____	Multi-Asset Income	\$ _____	Unconstrained Bond	\$ _____
Government Securities	\$ _____	Small Company	\$ _____	Federated Gov't Obligations	\$ _____
International Equity	\$ _____	Sustainable Core Opportunities	\$ _____		

## 9. Systematic Withdrawals

Amount \_\_\_\_\_ or Annual % \_\_\_\_\_ Fund \_\_\_\_\_  
Amount \_\_\_\_\_ or Annual % \_\_\_\_\_ Fund \_\_\_\_\_

Check    Direct deposit to my own bank account (*Complete Bank Information in Section 10*)

### Withdrawal schedule

Withdrawals will be made on or about the 20th day of the month, unless otherwise specified, according to the schedule indicated below.

**Withdraw on the**  5th    10th    15th    20th    25th **day of the following months:**

Each Month

January    February    March    April    May    June  
 July    August    September    October    November    December

## 10. Bank Information Complete and attach a voided check

By adding bank instructions to your account, you will also be eligible to invest by telephone.

Name of Bank		Bank Account Number	
Name(s) in which bank account appears on bank records		Routing number (Ask bank for number or attach a voided check.)	
Bank Address			
City	State	Zip (+4)	Type of account: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Tape your VOIDED check here.

WE CANNOT ESTABLISH BANKING SERVICES FROM STARTER CHECKS,  
CASH MANAGEMENT, BROKERAGE OR CREDIT CARD CONVENIENCE CHECKS.

## 11. To Open Your Account

### Read and sign here to open your account

By signing this Application, I certify that I am of legal age, have received and read the current applicable prospectus and the Privacy Policy of Sentinel Investments, and agree to all terms. I appoint Boston Financial Data Services, Inc. as my "Agent" to act upon telephone instructions, reasonably believed to be authorized by me, to (a) redeem shares in my account(s) and wire transfer the proceeds to the bank account specified in writing by me, (b) to exchange Fund shares (shares to be acquired will be registered exactly as my present account), (c) to change the dividend elections on my account(s), and (d) to purchase shares by electronic transfer of funds from my specified bank account. I hereby ratify any instructions so given, consent to the tape recording of these instructions and, so long as Boston Financial Data Services, Inc. employs reasonable procedures to confirm that instructions are genuine, I agree that I will hold neither the Funds nor their servicing entities liable for any unauthorized telephone or written instructions.

I understand when all or a portion of a purchase is received for investment without a clear Fund designation or for investment in a closed class or Fund, Sentinel may return the money or may deposit the undesignated portion or the entire amount, as applicable, into the Class A shares of the Low Duration Bond Fund without sales charge. I may at any time after the purchase direct the exchange of these shares of the Low Duration Bond Fund at the next net asset value calculated after acceptance of such direction. Exchange transactions will be subject to any applicable sales load.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number and (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding.

If this box is checked, I certify that the owner is a qualified retirement plan, not subject to backup withholding, which has applied for but not yet received a taxpayer identification number.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Owner's Signature:

Date:

Trustee or Authorized Individual's Signature:

Date:

**12. Free Check Writing Would you like free check writing?**

Low Duration Bond Fund Class A (297)       Federated Government Obligations Fund (270)

1. Authorized signature(s) - all owners as they will appear on check

\_\_\_\_\_

\_\_\_\_\_

2. How many signature(s) are required on the checks? (Specify number) \_\_\_\_\_

**Payment Authorization**

*Boston Financial Data Services, Inc. ("BFDS") is hereby appointed agent by the person(s) signing this Application (the "Shareholder(s)") and, as agent, is authorized and directed to present checks drawn on this account to the Funds as requests to redeem shares of the Funds registered in the name of the Shareholder(s) in the amounts of such checks. BFDS will be liable only for its own negligence. Each signatory guarantees the authenticity of the other's signature. BFDS may accept instructions from any one Shareholder holding an account as joint tenant without the instruction or affirmation of any other joint tenant Shareholder, including processing a redemption check signed by any one Shareholder. Shareholder(s) hereby authorizes the Funds to honor redemption requests presented by BFDS in the above manner. BFDS and the Funds will not be liable for any loss, expense, or cost arising out of check redemptions or dishonored checks. The Funds reserve the right to change or terminate this checking service at any time upon notification mailed to the address of record of the Shareholder(s). BFDS provides overdraft protection by automatically transferring available funds from your other identically registered accounts if you have available balances. A fee of \$30.00 will be charged to the account when funds are transferred from protecting account(s) to cover an overdraft.*



# Privacy Notice To Our Customers

This notice is for your information and no response is required.

## **Sentinel Companies Privacy Policy:**

Maintaining the privacy of the information you share with us in the process of doing business with the Sentinel Companies<sup>\*</sup> is extremely important to us. When you purchase a product or service from one of the Sentinel Companies, you enter into a relationship that is built upon—and largely dependent upon—mutual trust. We want to assure you that we strive to conduct business in ways that are always worthy of that trust. Maintenance of our privacy practices and policies is a critical component of that resolve and we want you to know that we are committed to maintaining the highest level of confidentiality with all the information we receive from you.

## **How and Why We Obtain Personal Information:**

In the conduct of our business with you, we often need to collect what is known as “nonpublic personal information.” This is information about you that we obtain in connection with providing a financial product or service to you. The Sentinel Companies may collect nonpublic personal information about you from:

- Applications or other forms, with information such as name, address, Social Security number, assets and income, employment status, birth date;
- Your transactions with us, our affiliates, or with others, such as account activity, payment history and products and services purchased;
- Visits to our website, including information from on-line forms and on-line information collecting devices commonly called “cookies”.

We or our representatives may also ask you for additional financial information in order to determine which products and services best meet your financial goals.

## **How We Protect Information:**

We maintain strong safeguards to protect the information you have shared with us. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information. All employees are required to comply with our established confidentiality procedures and policies.

We consider any nonpublic personal information that is provided to any representative of the Sentinel Companies in the course of a business transaction as being completely confidential.

We may also disclose all of the information described above to our affiliates in order to conduct business, such as providing services, account maintenance or information about other products and services offered by our affiliates. Our affiliates may include insurance companies, broker-dealers, investment advisors, investment companies, registered representatives, trust companies, insurance agents and brokers.

In addition, we may disclose all of the information above to third parties with which we contract for services, as permitted by law. We will contractually require these third parties to protect your information. Examples of these organizations include the following:

- Third parties that administer and support our products and services (such as third party administrators, printing companies, system vendors, consultants);
- Financial service entities (such as broker-dealers, insurance agents and brokers, banks, investment companies, registered representatives, investment advisors or companies that perform marketing services on behalf of our affiliates behalf).

We may disclose all of the information above under certain circumstances to government agencies and law enforcement officials (for examples, to help us prevent fraud or as may be required by law).

## **Our Commitment to Confidentiality:**

We will not sell nonpublic personal information about you, our customers - or our former customers-nor will we disclose it to anyone, unless we have previously informed you in disclosures or agreements, have been authorized by you, or are permitted to do so by law. We restrict access to nonpublic personal information to those employees and associates who need that information in order to provide products or services to you.

If you decide to close your accounts or become an inactive customer, we will continue to adhere to the privacy policies and practices described in this notice.

The Sentinel Companies have a long history of dealing with confidential information in ways that are designed to assure your privacy. We are committed to consistently maintaining the highest standards for protecting the information you share with us, and ensuring the privacy of all our customers.

<sup>\*</sup>This Privacy Notice applies to all of the accounts held or serviced by the following companies:

The Sentinel Funds  
Sentinel Financial Services Company